

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584137

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3			1				
4			1				
5			1				
6			1				
7			1				
8			1				
9			1				
10			3				
11			3				
12							
13							
14			3				
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48							
49							
50							
TOTAL IND.			4				
TOTAL DEP.	↔		14	↔			↔
TOTAL CLAIMS			18				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.	↔			↔			↔
TOTAL CLAIMS							